

Application No. (if known): 10/014,774

Attorney Docket No.: 02427/100F509-US1

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Lillian Garcia  
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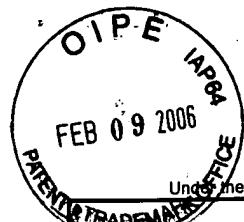
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Fee Transmittal (1 page)  
Amendment After Final Rejection (1 page)  
Two Month Request for EOT (1 page)  
Amendment Transmittal (1 page)  
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PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

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Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **225.00**

### Complete if Known

Application Number	10/014,774-Conf. #9922
Filing Date	October 29, 2001
First Named Inventor	Alessandra D'azzo
Examiner Name	C. L. Fronda
Art Unit	1652
Attorney Docket No.	02427/100F509-US1

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of  Credit any overpayments  
 fee(s) under 37 CFR 1.16 and 1.17

### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

**Small Entity**

**Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
11	- 33 =	x	=	Fee (\$)	Fee Paid (\$)

HP = highest numer of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
3	- 8 =	x	=	Fee (\$)	Fee Paid (\$)

HP = highest numer of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

#### 4. OTHER FEE(S)

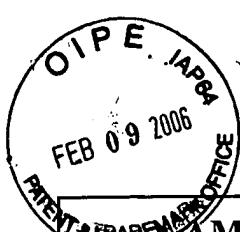
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2252 Extension for response within second month

225.00

SUBMITTED BY		Registration No. (Attorney/Agent)	52,392	Telephone	(212) 527-7700
Signature				Date	February 9, 2006

Express Mail Label No. Dated: \_\_\_\_\_

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
02427/100F509-US1Application No.  
10/014,774-Conf. #9922Filing Date  
October 29, 2001Examiner  
C. L. FrondaArt Unit  
1652

Applicant(s): Alessandra D'azzo et al.

Invention: PROTEIN SPECIFIC FOR CARDIAC AND SKELETAL MUSCLE

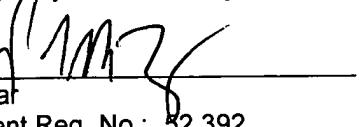
**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 33 =		x	
Independent Claims	3	- 8 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					225.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					225.00

 Large Entity Small Entity No additional fee is required for this amendment. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed. A check in the amount of \$ 225.00 to cover the filing fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed. Credit any overpayment. Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
Paul M. Zagar  
Attorney/Agent Reg. No.: 32,392

Dated: February 9, 2006

DARBY & DARBY P.C.  
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New York, New York 10150-5257  
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Dated: \_\_\_\_\_